

KBN**Nursing** **CONNECTION**

Spring **2007** | Edition 11

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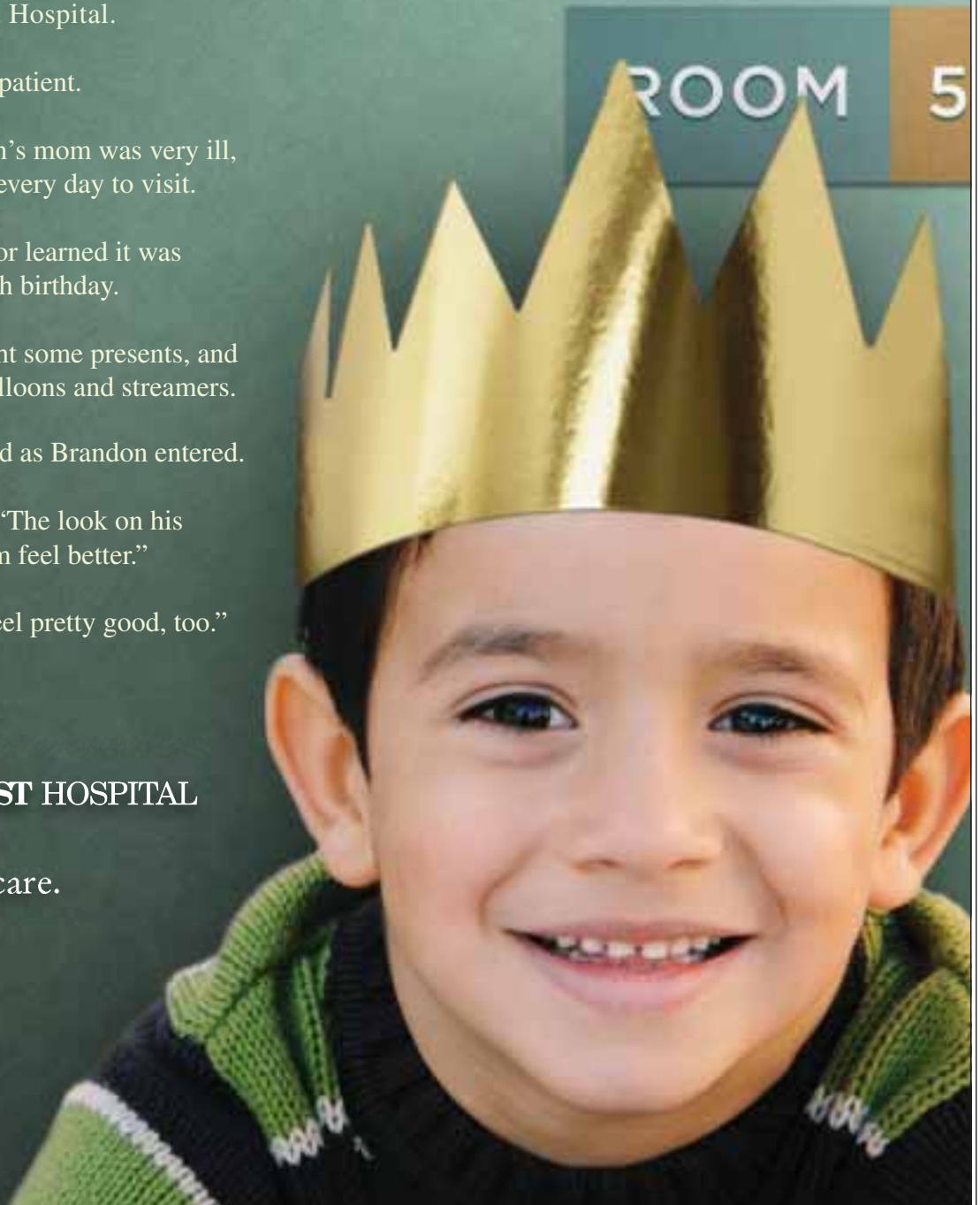
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KB Nursing CONNECTION

Spring 2007, Edition 11

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It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Statistics Corner

As of April 10, 2007, KBN records show:

RN Active	51,767
LPN Active	14,036
RN Retired	630
LPN Retired	435
Advanced Registered Nurse Practitioners	3,093
Sexual Assault Nurse Examiners	183
Dialysis Technicians Active	501
Dialysis Technicians Inactive	256



KBN Connection circulation includes over **70,000** licensed nurses and nursing students in **Kentucky**.

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PRESIDENT'S MESSAGE

It is with a great sense of responsibility that the Kentucky Board of Nursing (KBN) manages its obligations to protect the Commonwealth's public. To this end, discipline becomes a most serious matter. The Board has established the Practice Alternative Work Group chaired by Ann Veno, RN, MBA. The other members of the Work Group are Marcia Hobbs, RN, DSN; Jan Ridder, RN, MSN; Catherine Hogan, RN, MSN; and Deborah Phillips, LPN.

This Work Group has taken on the most challenging task. Their work has resulted in a White Paper, yet in draft, that will guide and direct the work related to discipline. The work Group has set forth three recommendations:

Philosophy on Discipline clearly delineates the purpose of KBN to protect and safeguard the health and safety of the citizens of the Commonwealth. Each case coming before KBN for action will be considered on the unique facts of the case. Remediation will always be considered if evidence supports that the nurse possesses the knowledge, skills, and abilities to practice safely. This philosophy assumes each nurse is individually responsible and accountable for making decisions that are based on one's educational preparation and experience in nursing. It remains the nurse's responsibility to continue to be capable of practicing with reasonable skill and safety.

Guidelines for the Evaluation of a Minor Incident assists KBN in determining a minor incident and assuring the public that the nurse does not pose a risk of harm to a client or others. The Board members will consider if there is a minimal potential for risk of physical, emotional, or financial harm to the client, if the nurse has exhibited a conscientious approach to and accountability for nursing practice, and if the nurse demonstrates the knowledge and skill to practice safely.

Just Culture philosophy will be used as a framework for decision-making in disciplinary actions. The Just Culture algorithm involves three categories for human acts or choices made and the resulting discipline for those acts: human error, at-risk behavior, and reckless behavior. Just Culture balances accountability between the system and the individual. With this in mind, the Board consistently recognizes that nurses are competent professionals who make mistakes and acknowledge that even competent nurses are at risk for making an error. Nurses have a duty to avoid causing unjustifiable risk or harm. Thus, the goal of Just Culture and KBN is to protect the public by helping nurses make responsible choices to prevent errors and client harm.

The direction of the Work Group and KBN is critical to safe care, and the efforts of the Work Group are to be commended. The Board strives to protect the public in a manner that examines each case individually and also assists nurses to practice with the knowledge and skills needed for safe practice within a complex healthcare system.

Susan H. Davis, Ed.D., RN

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EXECUTIVE DIRECTOR'S MESSAGE

Notes from the Bedside

I find myself in the unusual position of writing this column while sitting by my mother's hospital bed—a place that neither of us expected to be on this beautiful sunny day. It's a vantage point I don't often have—an opportunity to observe both the science and the art of nursing—and I see it not from the perspective of Executive Director of KBN but from that of a worried family member. From this viewpoint, I look to the nurses not only for patient care excellence but also for reassurance and education as well.

As I sit here, I see examples of reasons we chose to select nursing as our career: the opportunities it provides to alleviate pain and suffering and to promote health, the challenge it provides to discern patient needs, and the opportunity to work closely with people. I have observed nurses acting as advocates for patients, and I've seen them comfort grieving family members. As ever, I remain amazed at the progression of technology and was surprised to greet two nurses on their day off who came in for an early morning computer class. Some of the staff have been astonished as I help change the bed or assist with getting my mom into or out of bed. And I worry—are nurses really as attuned to patients during the last hours of a 12-hour shift?

As usual it has been refreshing to see and talk with students and their instructors as they complete their clinical activities. I've listened to both the nurse and the clinical instructor offer calm instructions, and I remember when, years ago, I gave that first injection. There is a sign posted on a door in the nurses' station congratulating two new graduates for passing their NCLEX exams. This led me to ask the hospital staff about the implementation of the clinical internship, and they say that it went well.

Since being here, I have spoken with more than one excellent nursing assistant who, when I questioned their future goals, are unsure they will pursue a career in nursing. Twice I've been told it is because they "like to be at the bedside working with patients, and the nurses just don't get an opportunity to do that." With these comments, I look at the reality of work life on 'our' units. It's hectic, beds are full, and almost as quickly as patients are discharged, others arrive. I've seen multiple demands on the nurses' time and, additionally, I recognize some of their activities are a response to patient safety and other regulatory requirements. For years, nurse researchers and, most recently, the Institute of Medicine have told us that patient outcomes are best when we can keep nurses at the bedside and involved in clinical decision-making; this remains an issue. Yet I've made observations that are perhaps not as easily seen by busy co-workers. The nurses are making dozens of assessments at each bedside, and the multiple decisions and interventions that flow from those assessments significantly impact patient care. The nursing process thrives and through it all there are smiles, laughter, and words of encouragement to patients and family members alike.

Has my recent hospital experience taught me anything I didn't know? Not really. It has, however, reaffirmed my pride at being your colleague. And, there is a lesson here—in spite of all that nursing and nurses aspire to become, and indeed need to become, our core strength remains our commitment to excellent patient care.

Charlotte F. Beason, Ed.D., RN

TRANSITIONS—Two Exceptional Nurses

Bernadette Sutherland, MS, RN, KBN Practice Consultant, has made a major contribution to the quality and effectiveness of KBN and its activities; and, after over 20 years of service, she has decided to retire from KBN on May 31, 2007. A consummate professional, Bernie will be greatly missed—she has indeed influenced the practice of nursing across the Commonwealth.

With this transition, I am pleased to announce that Sharon Mercer, MS, RN, will join the staff of KBN as Practice Consultant on June 18, 2007. Sharon has been Executive Director of the Kentucky Nurses Association for a number of years and will bring a wealth of professional and organizational skills and experience to her new KBN role. Sharon will be a valuable asset in meeting KBN's mission and objectives.



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Since When is it a Crime to be Human?

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (November 2006, Volume 4, Issue 11), with permission by the Institute for Safe Medication Practices.

Two weeks ago, a nurse from Wisconsin was charged with criminal neglect of a patient causing great bodily harm in the medication error-related death of a 16-year-old woman during labor. The nurse accidentally administered a bag of epidural analgesia by the intravenous route instead of the intended penicillin. The criminal complaint alleges that the nurse failed to follow the "five rights," did not use an available bedside bar-code scanning system, and did not read the label of the medication.

Like so many other healthcare professionals around the country, we were deeply saddened by the tragic loss of life in this case and extend our condolences to the patient's family. We have also been supportive of the nurse involved in the error, as she works through the agony of having made a fatal error, faces potential action against her nursing license, and copes with the loss of her job of 15 years.

Now, as she faces the threat of 6 years in jail and a \$25,000 fine, some may be hasty in their judgment of this case, without knowing all the facts. It is important to keep in mind that there is usually much more to a medication error than what is presented in the media or a criminal complaint. For example, while the criminal complaint alleges that the nurse failed to follow the "five rights" and did not use an available bedside bar-coding system, some of the most safety-minded hospitals across the nation with bar-coding systems have yet to achieve a 100% scanning rate for patients and drug containers.

This incident is similar to a 1998 case involving three nurses in Denver who were indicted for criminally negligent homicide and faced a possible 5-year jail term for their role in the death of a newborn who received IV penicillin G

benzathine. At first glance, it appeared to many that disciplinary measures might be warranted in that case. But when working pro bono for one nurse's attorney, ISMP found more than 50 deficiencies in the medication use system that contributed to the error. Had even one of them been addressed before the incident, the error would not have happened or would not have reached the infant. Fortunately, in the Denver case, the nurse who stood trial was rightfully acquitted of the charges by a jury of laymen that deliberated for less than one hour.

While there is considerable pressure from the public and the legal system to blame and punish individuals who make fatal errors, filing criminal charges against a healthcare provider who is involved in a medication error is unquestionably egregious and may only serve to drive the reporting of errors underground. The belief that a medication error could lead to felony charges, steep fines, and a jail sentence can also have a chilling effect on the recruitment and retention of healthcare providers—particularly nurses, who are already in short supply.

The Institute of Safe Medication Practices (ISMP) supports the stance that the Wisconsin Hospital Association and Wisconsin Nurse's Association have taken in opposing criminal prosecution of healthcare professionals for unintentional errors.

In the News: Tragedy Brings a Measure of Good

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (January 2007, Volume 5, Issue 1), with permission by the Institute for Safe Medication Practices.

Julie Thao, the Wisconsin nurse who was facing criminal charges in the tragic medication error-related death of a young mother, Jasmine, entered a "no contest" plea in court in December to two misdemeanor counts of illegally administering prescription medications,

after which the state dropped the felony count—a more serious charge that could have led to jail time. More than three dozen nursing colleagues were on hand to support Julie, who repeatedly broke down and expressed deep anguish and remorse about the error.

One day before her court appearance, the Wisconsin Department of Regulation and Licensing suspended her license for 9 months, retroactive to July 2006. The Department considers the suspension relatively short, as the members were influenced by Julie's positive work performance reviews for the past 13 years. Julie's working hours were limited to no more than 12 hours per 24-hour period or 60 hours per week for 2 years (although there are no work hour limitations for other nurses in the state, or for Julie after 2 years). The state court placed Julie on probation for 3 years, during which time she is banned from working in critical care settings, including birthing units. The licensing department is also requiring Julie to take classes on preventing medication errors and to make presentations about what she learns to help others avoid medication errors.

This last requirement is certainly no burden to Julie. As with many other healthcare professionals who have been involved in a harmful error, Julie has a profound desire to do as much as possible to help prevent similar tragedies. To facilitate this desire, the Chairman of TMIT (Texas Medical Institute of Technology), Charles Denham, MD, has most generously offered Julie a yearlong paid fellowship to join his team as they work with patient safety leaders in the U.S. to further the adoption of best safety practices. As part of the fellowship, Julie will also be able to spend time at ISMP, learning about medication safety and working with our staff to reduce the risk of medication errors nationwide. Along with Julie, our deepest sympathies go out to Jasmine's family. In court, Jasmine's mother noted that she sincerely hopes her child's death will not be in vain. Perhaps the healing can now begin in earnest for both Julie and Jasmine's family as a measure of good comes from this terrible tragedy.

NURSE DISCIPLINARY DEFENSE

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CONSUMER PROTECTION CORNER

The Law and Your Nursing License: “The Legal Way to Carry Your Prescription Medications”

by **Sergeant Bill Stivers**, Supervisor with the Prescription Drug Squad, Louisville Metro Police Department

A large percentage of people in the United States are prescribed controlled substances to treat chronic pain—including nurses. The law in Kentucky outlines the best (and legal) way to carry your prescription medications. Kentucky Revised Statute 218A.210 states: “A person to whom or for whose use any controlled substance has been prescribed, sold, or dispensed, by a practitioner or other person authorized under this chapter may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same. Violation of this section is a Class B misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses.”

Your nursing license may be jeopardized if a situation arises and you are found in violation of this clearly defined law. Adhering to this law will prevent any confusion (or worse) when encountering law enforcement. Please spread the word on this important issue and, in doing so, safeguarding your license and your prescription medications.

Disciplinary Case Review

by **Ann Tino, RN, BSN**, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of this nurse will not be revealed and will be referred to as Nurse DD.

Nurse DD endorsed into Kentucky in 2002 from Texas as a registered nurse originally working on a temporary work permit, and her license was issued in August 2002. It was not long before she was under review by KBN. In December 2002, KBN received notification from a local hospital that Nurse DD was terminated from employment as a registered nurse due to suspicion of misappropriation of narcotics, along with numerous documentation discrepancies. Prior to her termination, she was placed on administrative leave for suspicion of impairment while on duty. Her speech was slurred and incoherent. Nurse DD's employer sent her for a urine drug screen that was positive for Benzodiazepines, Amphetamines, and Tricyclics. Nurse DD had been prescribed a number of drugs by her physician that accounted for the positive results. Further investigation into the nursing practice of Nurse DD revealed several medication errors and discrepancies involving Morphine and Ativan. When Nurse DD met with her employer, she returned a syringe that she indicated was Morphine that she inadvertently had taken home with her on her last shift. Testing conducted by the facility revealed the contents of the syringe were negative for Morphine.

KBN ordered a chemical dependency evaluation pursuant to KRS 314.085. The Order for the evaluation was served to Nurse DD's address of record via certified mail, and she signed for the Order. Due to her failure to obtain the chemical dependency evaluation as required by law, an Immediate Temporary Suspension (ITS) of her license was issued in February 2003. Shortly after the ITS was issued, the chemical dependency evaluation arrived in the KBN office that indicated Nurse DD denied any substance abuse problems but met the criteria for major depression. An investigative meeting was held with Nurse

DD, and she adamantly denied any drug diversion or dependency on her part. She produced documentation from her physician of her medical conditions and the medications she was prescribed. Nurse DD was allowed to reinstate her license. She was offered an Agreed Order by KBN to settle the matter that would place her license on limitation/probation for several years. Nurse DD refused to sign the settlement offer and her case was set for a hearing in March 2004.

Nurse DD was officially charged with violating KRS 314.091, and she received notice of an official hearing date. However, Nurse DD failed to maintain contact with KBN. The Board then moved for a default order and it was granted pursuant to KRS 13B.080(6). This means that Nurse DD failed to respond to the Notice of Hearing and Statement of Charges, and she failed to appear or participate at the pre-hearing conference. KBN ultimately entered a Decision whereby Nurse DD's license was suspended for one year and she would have to request a hearing to consider reinstatement of her license.

An interesting side note: Nurse DD endorsed to Kentucky from Texas, a state that participates in the Nurse Licensure Compact (NLC). Her NLC license with Texas had an expiration date of January 31, 2005. After Nurse DD left Kentucky, she apparently went to Louisiana for a short time and then onto North Carolina, a state that also participates in the NLC. In North Carolina, she had a “privilege to practice” nursing by way of her NLC license in Texas. Her “privilege to practice” nursing was revoked in North Carolina in June 2004 after Nurse DD was found unconscious in PACU with a syringe and vial of Diprivan near her. Urine drug screen results were positive for Morphine and Diprivan and, of course, Nurse DD could not produce valid documentation to support these results. Once again, she denied diversion and chemical dependency.

In August 2004, Nurse DD's home state of Texas filed formal charges against her for the actions that occurred in North Carolina and Kentucky. In November 2004, Texas entered a default order pursuant to their law and REVOKED Nurse DD's nursing certificate in the state of Texas which included her NLC privilege to practice nursing in other states that are a party to the NLC.

Once again, the violations of the *Kentucky Nursing Laws* were clear. This case also shows us the power of addiction and denial of the illness. Those affected will go to any lengths to obtain their drug of choice. This case also sheds some light on how disciplinary cases are handled as we approach the June 1, 2007 implementation date of the NLC. The NLC allows both the home state (state of licensure) to take disciplinary action against a nurse's license and the remote state (where the incident occurred) to take action against the nurse's “privilege to practice” nursing in that state. States participating with the NLC will readily exchange investigative information with each other in order to initiate the most appropriate course of action. For more information related to KBN's implementation of the NLC, you can visit our website at kbn.ky.gov.

Once again, remember how hard you worked for your nursing license and continue to work harder to protect it. The license you save could be your own.



What is the KARE for Nurses Program?

by Paula S. Schenk, RN, KARE Program Director,
Consumer Protection Branch

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a program developed and offered by KBN. The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in a need of help. KARE's foundation is that substance abuse is treatable and that the recovery and return of competent nursing practice is in the best interest of the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . . Many people believe that nurses are immune from addiction by essence of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency. Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . . Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . . KARE develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, some of which are listed here:

- Assisting with identification, assessment and referral to approved treatment providers.

- Monitoring participant's compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . . Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in KARE is voluntary and will remain anonymous to KBN as long as the participant is compliant with the terms of the program agreement.

Eligibility . . . A nurse may access KARE by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to KARE is available to individuals who, at the time of application, meet the requirements listed below:

- RN or LPN, licensed in Kentucky or an applicant for a credential issued by KBN;
- Request participation in the program regardless of whether referred by the board, self, or another person;
- Admit in writing to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment provider;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Signs and Symptoms of Possible Impairment Due to Chemical Dependency . . .

Behavioral Signs

- Extreme and rapid mood swings
- Increased isolation from family, friends, and/or peers
- Inappropriate, bizarre, or erratic behavior
- Elaborate and/or implausible excuses for behavior
- Memory lapses or blackouts (periods of temporary amnesia)
- Decreased ability to concentrate or focus
- Overreacting verbally or becoming disproportionately angry or emotional without reason or provocation
- Denial of a problem with alcohol or other drugs of abuse

Physical Signs

- Unkempt appearance
- Shakiness, tremors
- Slurred speech
- Flushed face
- Bloodshot eyes
- Smell of alcohol on breath
- Injuries such as bruises, burns, wounds
- Increased physical complaints resulting in increased reliance on prescription pain medications
- Impaired motor coordination

Job Performance Changes

- Job shrinkage (doing less work than usual)
- Difficulty meeting deadlines
- Too many medication errors
- Illogical, sloppy, or absent documentation
- Too many controlled drugs spilled or broken
- Excessive discrepancies in documentation related to controlled substances

Time and Attendance Changes

- Increased absenteeism particularly following scheduled days off
- Absent from unit/floor without explanation
- Arrives at work early and stays later after shift completed
- Comes to work when not scheduled to be there
- Volunteering for extra shifts
- Volunteering to be the medication nurse
- Suspicious behavior concerning controlled substances
- Volunteering to administer pain medications to other nurses' patients
- Signing out greater amounts of controlled substances than other nurses
- Patient complaints of ineffective pain medication or that they are not receiving pain medication

Questions? KARE compliance forms are located at <http://kbn.ky.gov/kare.htm>. To obtain further information or to make a confidential referral, contact Paula Schenk, KARE Director, or Jill Cambron, KARE Coordinator, at 800-305-2042, Ext. 236 or 289. You can also email them at Paula.S.Schenk@ky.gov or Jill.M.Cambron@ky.gov.

KBN NOTES

Plan to attend the 2007 KBN Conference on June 1, 2007 at the Kentucky Fair and Exposition Center, Louisville. A link to the agenda and registration form is available on the home page of the KBN website (kbn.ky.gov).

Due to the upcoming increase in postage costs, KBN will no longer be able to cover the cost of mail received "postage due." Please make sure that you have added the proper postage to any mailings to KBN to avoid it being returned to you.

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Attention: Nurses Performing Dermatological, Medical Aesthetic, and/or Cosmetic Practices

Please review the draft AOS #35 entitled *Cosmetic and Dermatological Procedures by Nurses* on the KBN website, and submit your comments and suggestions as indicated. You may also email Cheryl.Skaggs@ky.gov, or contact her at 502-429-3300, ext 258, or 1-800-305-2042, ext 258, to obtain a copy of the draft. Your comments are requested by July 31.

PRACTICE ADVISORY OPINIONS

In December 2006, KBN issued a variety of practice advisory opinions, as follows:

Delegation to Unlicensed Assistive Personnel

Based upon 201 KAR 20:400, reaffirmed that a nurse should not delegate sterile urinary catheterization to unlicensed assistive personnel. A nurse may delegate the removal of a peripheral intravenous catheter to educationally prepared and clinically competent unlicensed nursing assistive personnel. A peripheral catheter is defined as being three inches or less in length.

Scope of LPN Practice, Home Health Care

It is within the scope of licensed practical nursing for the LPN to provide the “observation and assessment” benefit component associated with the Medicare Home Health Agencies Conditions of Participation (skilled nursing services) 42 CFR 484.30, Section 484.30(a), under the direction of a RN who performs the registered nursing acts also delineated in this section. Nurses who perform these acts should be educationally prepared and currently clinically competent to perform the acts in a safe, effective manner. The nurse’s practice should be consistent with the Kentucky Nursing Laws, established standards of practice, and be evidence based.

Scope of RN Practice, Certification of “False Labor”

Changes in the CMS regulations, 42 CFR 489.24, Emergency Medical Treatment and Active Labor Act (EMTALA), effective October 1, 2006, states: ...A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and state law, certifies that, after a reasonable time of observation, the woman is in false labor. In the past, the language required certification by a physician as evidence that a pregnant patient is in false labor.

It was the advisory opinion of the Board that recognizing “false labor” as a term common to both nursing and medical practice, the certification of false labor is within the scope of registered nursing practice. The RN, as a qualified medical person, must be educationally prepared and clinically competent in the determination of false labor, and would perform this act according to established protocol officially approved by the facility’s medical and nursing staff.

Pre-Anesthesia Screening Evaluation by ARNP and/or RN

It is within the scope of practice for the advanced registered nurse practitioner (ARNP) to compile a patient’s comprehensive medical history, conduct physical examination, and record findings. Further, it is within the scope of the ARNP to diagnose and treat according to his/her educational preparation, clinical competency, certification, scope and standards of practice, and collaborative agreements.

The compilation of a patient’s comprehensive medical history and performance of a physical examination are within the scope of registered nursing practice for the RN who is educationally prepared and currently clinically competent in the performance of the procedures. The RN distinguishes normal from abnormal findings, documents the findings (including signs and symptoms) and reports the findings to a medical provider, but does not formulate a medical diagnosis nor prescribe a medical treatment plan.

Subsequently, the performance of a pre-anesthesia screening evaluation, for the purpose of obtaining a medical history and physical examination, is within the scope of registered nursing practice. The RN can document/report the findings, but cannot formulate any medical diagnosis or make medical decisions regarding the status of the patient. A pre-anesthesia screening performed by a RN does not substitute for the standard pre-anesthesia assessment performed by the involved anesthesia provider nor the required history and physical examination performed by the surgeon.

RN APPLICANT/LPN APPLICANT PRACTICE ON A PROVISIONAL LICENSE

Q: How does the practice of the nurse applicant change once the 120 hour clinical internship is completed?

A: The nurse applicant continues to practice on a provisional license, so there is no change in the requirements for the practice. Under the *Kentucky Nursing Laws*, as long as the nurse is an RNA or LPNA, the individual shall only work under direct supervision and shall not engage in independent nursing practice [KRS 314.041(5) and KRS 314.051(6)]. The applicant's assignment may increase or role change, but the requirement for direct supervision does not change, nor can the applicant practice independently. The degree of direct supervision may change, in that the amount of shoulder to shoulder supervision may be less, but the requirement for supervised nursing practice does not change.

Q: How does the Board define "direct supervision"?

A: To qualify as "direct supervision," the nurse responsible for supervising the applicant shall, at all times, be physically present in the facility and immediately available to the applicant while the applicant is engaged in clinical practice [201 KAR 20:070, Section 4(a) and (10)].

Q: Is the supervisor responsible for the actions of the applicant?

A: A nurse applicant is held individually responsible and accountable for his/her actions and decisions, and is required to practice with reasonable skill and safety. The supervising nurse is responsible and accountable for providing supervision. Supervision has been defined by KBN to mean the provision of guidance by a RN or LPN for the accomplishment of nursing care with periodic observation and evaluation of the performance of the care including validation that the nursing care has been performed in a safe manner.



Visit the
KBN website
at kbn.ky.gov

2007 Meeting Dates

Please note the following KBN meeting dates.
For a complete list of dates and times, go to the
KBN website at
<http://kbn.ky.gov/board/mtgdates.htm>.

Board Meeting

June 14-15
August 29-30
October 25-26

Practice Committee Consumer Protection Committee Governance Panel

May 10
September 20
November 8

Education Committee

May 11
September 21
November 9

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- RNs
- LPNs

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Gene Woods
President and CEO
Saint Joseph HealthCare

Saint Joseph Hospital, located on Harrodsburg Road, is Lexington's first hospital, having opened in 1877. Today, the 468-bed facility is undergoing an \$85 million renovation and expansion that includes major updates and improvements to the nationally recognized Heart Institute. The renovations will also improve Saint Joseph's imaging and diagnostic space, update technology in key imaging areas, and will provide for a newly expanded and more user-friendly emergency room, all in a patient-centered environment.



In 2007, Saint Joseph East, a 172 bed hospital located off Richmond Road in the rapidly growing Hamburg area, will embark on a \$60 million expansion project to include the construction of a premier addition dedicated exclusively to women's services. The facility will include brand new labor and delivery rooms, nursery and post-partum rooms, and is expected to be the first of its kind in the state. Since the hospital became part of Saint Joseph in 1998, the number of births has grown from 400 annually to more than 2,000 in 2006.

Saint Joseph Berea, formerly Berea Hospital, joined the Saint Joseph family in January, 2006. Since that time, the 25-bed hospital has made major improvements to the facility and technology, including the installation of a digital radiology system that allows a patient's progress to be followed by their Berea physician, even if they are transferred to one of the Saint Joseph facilities in Lexington.



In 2008, Saint Joseph Jessamine, the first medical facility of its kind in Jessamine County, will open in Nicholasville. Saint Joseph Jessamine will provide 24-hour emergency services with diagnostic imaging to include CT, general X-ray, and ultrasound; laboratory services; and space allocated to accommodate several physician offices.

Lexington's Largest Hospital is Kentucky's Most Awarded Hospital



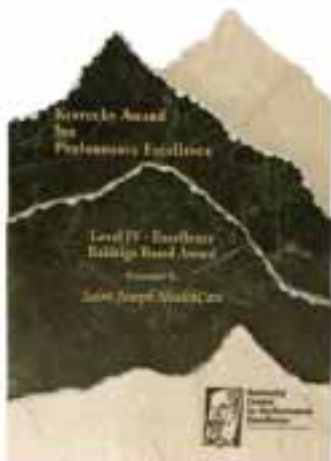
•Solucient named Saint Joseph East as one of the nation's 100 Top hospitals, reflecting excellence achieved in quality of care and operational efficiency.

•Saint Joseph received the first annual Kentucky Hospital Association Quality Award, created to honor leadership and innovation in quality, safety, and commitment to excellent patient care.



•Saint Joseph was named one of Kentucky's Top 10 Best Places to Work. This award was based on an assessment of Saint Joseph's employee policies and procedures and the results of an internal employee survey.

•Saint Joseph is one of five hospitals nationwide to receive the prestigious NOVA award from the American Hospital Association, presented for care given to medically underserved patients through the Mobile Health program.



•The Kentucky Center for Performance Excellence honored Saint Joseph HealthCare with the prestigious Malcolm Baldrige-based Excellence Award, the highest-level award given to any organization in Kentucky.

•Saint Joseph Hospital and Saint Joseph East are two of only a select few hospitals nationwide to be recognized three years in a row by J.D. Power and Associates for Service Excellence (patient satisfaction).



CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Change in Earning Periods for All Nurses

Nurses are now required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Earning Period LPNs and RNs	For Renewal By	#CE Hours
11/1/06 – 10/31/07	10/31/07	14 or equivalent
11/1/07 – 10/31/08	10/31/08	14 or equivalent

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include **one** of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120

hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR

7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. **One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.**

Domestic Violence CE Requirement:

There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements:

The 2 hours of mandatory HIV/AIDS CE must be earned once within the appropriate earning period. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 –

10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

If a college course does not fall within the designated categories (see #8 of CE Information Concerning Renewal), and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider.

Contact the KBN office or go to <http://kbn.ky.gov> to obtain an Individual Review Application. Complete and return it to the KBN office with requested materials and the \$10 non-refundable application fee. **Individual Review Applications must be submitted by November 30 of the licensure year.** KBN will notify the individual of the review outcome (i.e., approval or rejection) within about 6 weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of 5 years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN. A complete list of these organizations is available on the KBN website at <http://kbn.ky.gov/education/ce/natlorgs.htm>.



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L I C E N S U R E C O R N E R

by Joyce A. Bonick, RN, Credentials Manager

Annual Renewal-Postcard Notification

All nurses holding an active license will receive a postcard notification containing renewal information. The front of the postcard is pictured on the cover of this edition. Please watch for the renewal notification postcard in your mailbox around June 25, 2007. If you moved and have not updated your address with KBN, please do so as soon as possible. You may change your address from our website at <http://kbn.ky.gov>. The changes you make will be entered into our database as soon as you submit the data.

Mandatory Online Renewal Information

FEES: RN: \$50
LPN: \$50
ARNP: \$40 for each designation
SANE: \$35

All RN's, LPN's, ARNP's and SANE's must renew online. KBN's renewal website [<http://kbn.ky.gov>] is a secure system located behind two firewalls, using the highest level of encryption available. Using any computer with Internet access, a licensee may renew a license at any time of day, on any day of the week, and receive immediate notification that your renewal information was received by KBN.

Beginning July 1, 2007, you will be able to access the online renewal link using the last four digits of your social security number, RN or LPN license number (ARNPs use their RN license number), and date of birth. The license number that you enter will be the license that is renewed. Payment can be made using a MasterCard or Visa credit or debit card, or you may choose to have the payment deducted directly from your checking (personal or business) or savings account. Prepaid credit cards are also available from many banks.

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. **DO NOT** submit evidence of continuing competency earnings unless requested to do so.

Access to the online renewal link will be **DISABLED** at midnight, Eastern Time, October 31, 2007, when the renewal period ends. **KBN strongly recommends that you NOT wait until the last week of the renewal period to renew your license.** If you failed to renew before the renewal period ends and/or you did not submit any required documentation by that date, your license will lapse, and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed.

Documentation required before a license will be renewed includes:

1. Court records and letters of explanation, if you answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question.
3. Documentation from your ARNP national certification organization if you answer "yes, that your ARNP national certification was probated.
4. Other documentation requested by KBN staff.

Nurse Licensure Compact and Kentucky License Renewal

In preparation for the implementation of the National Licensure Compact (NLC), KBN began asking all applicants for licensure to declare their state of primary residence. This declaration is necessary when determining whether a nurse seeking licensure in Kentucky will receive a Kentucky multistate license, a single state Kentucky license ["Valid Only in Kentucky" printed on the license card], or will be denied a Kentucky license and referred to the declared state of primary residence.

The NLC requires that a nurse have only one multistate license, and it must be issued by the state of primary residence. Evidence of primary residence would be a valid driver's license, voting registration card, or a federal income tax return. Do not provide evidence of primary residence unless requested to do so.

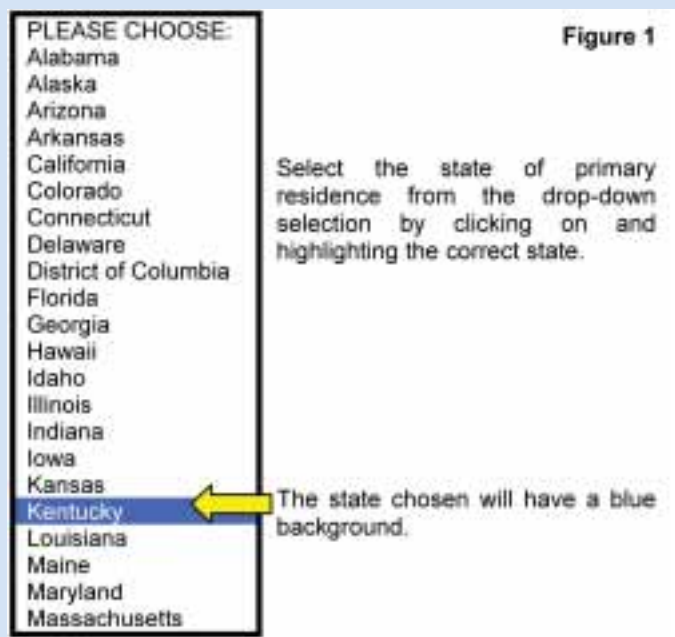
The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices **ONLY** in a military/federal facility. If you declare a compact state as your state of primary residence **AND** declare that you practice **ONLY** is a military/federal facility, you may be issued a Kentucky single state license [Valid Only in Kentucky].

If you declare your state of primary residence to be a compact state and **DO NOT** practice **ONLY** in a military/federal facility, you must hold a license issued by the state of your primary residence. You will not be able to renew your Kentucky license.

Declaration of Primary Residence

To assure that your selection of a state of primary residence is accurately reflected in the KBN database, please follow the technical tip listed below.

Technical Tip:



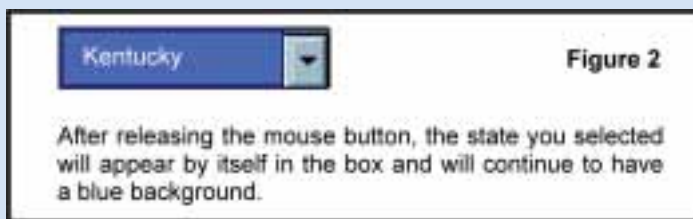


Figure 2

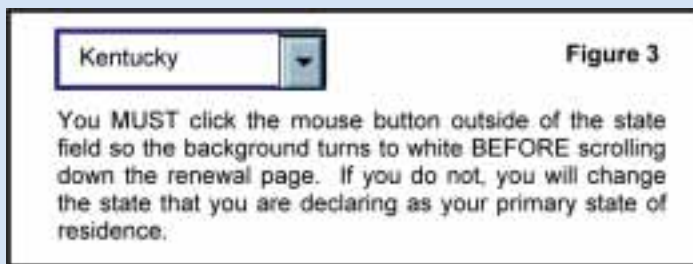


Figure 3

ARNP Renewal

If you are renewing your ARNP registration and your Kentucky RN license, you **MUST** use the RN-ARNP link on the renewal web page. From this link, you will renew your RN license and your ARNP registration simultaneously, for the combined fee of \$90 [RN-\$50 and ARNP-\$40].

If you are registered as an ARNP in two or more designations [i.e., nurse midwife and nurse practitioner] and want both designations to be active, you must renew each designation. The fee for renewing each ARNP designation is \$40 per designation, plus the \$50 RN renewal fee.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky ARNP registration. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as an ARNP in Kentucky. If your compact RN license lapses, you may not practice as an ARNP in Kentucky, even though your Kentucky ARNP registration is current.

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Before you will be able to renew your SANE certification, you must renew your RN license from the RN-LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN-ARNP first (see above information) and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your compact RN license lapses, you may not practice as an SANE in Kentucky, even though your Kentucky SANE credential is current.

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy of the official overseas deployment orders to KBN. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.

2. Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

Paper Renewal Applications

Paper renewal applications will be available for an additional fee of \$40. This fee does NOT include the renewal fees listed previously. To request a paper renewal application, you must return the designated portion of the renewal notification postcard and a check or money order in the amount of \$40. A paper application will be mailed to you. When you return the paper renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 10, 2006. It may take up to 4 weeks to process the paper applications for renewal.

Retired Licensure Status

All RNs and LPNs may apply online at www.kbn.ky.gov for a retired licensure status at any time. There is a one-time processing fee of \$25. The retired licensure status does not have to be renewed and, therefore, does not expire. To return to an active licensure status, you would have to reinstate your license. If you have any questions, contact Lou Johnson at LouL.Johnson@ky.gov.

Name Change

A copy of a legal name change document and \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change document, or a social security card.

It is best that you submit the documentation and fee to change your name **at least 3 weeks prior to renewing your license**. You may check to see if when your name has been changed in the KBN database by going to the KBN website at <http://www.kbn.ky.gov/onlineSRVS/>. If your name has not been changed in the database at the time you renew your license, a card with your previous name will be issued.

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Contact:

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DISCIPLINARY Actions

* License has not been returned to KBN

Since the publication of the winter edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICE ISSUED

Gallimore, Sharon Mohler	Almo KY	Eff. 1/30/07
Kelly, Debbie	Shelbyville KY	Eff. 2/07/07
Reed, Tamra Michelle Matthews	Radcliff KY	Eff. 4/11/07

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

* Akers, Angela Fae Fry	LPN #2035504	Hardy KY	Eff. 2/07/07
* Anderson, Heidi Jo	LPN #2034517	Florence KY	Eff. 2/27/07
* Ashmore, Paula Jean Smith	LPN #2035254	Louisville KY	Eff. 4/03/07
Colter, Bessie Hobbs	RN #1095285	London KY	Eff. 1/18/07
* Davis, Donna D. Harrison	LPN #2040125	Louisville KY	Eff. 3/22/07
Dendekker, Jeanette Ellen Graham	RN #1105397	Louisville KY	Eff. 4/03/07
* Girdler, Kendra Renee Hail	LPN #2035030	Lexington KY	Eff. 3/05/07
* Goodlander, Heather Nicole	LPN #2039693	Garrison KY	Eff. 2/27/07
* Heitzman, Chris M. Spradley	RN #1104256	Newburgh TN	Eff. 3/22/07
Miller, Tina L. Collier	LPN #2028467	Sparta KY	Eff. 3/05/07
* Pielack, Barbara T.	RN #1102513	Gray KY	Eff. 4/03/07
* Prow, Heather Nichole Robinson	RN #1093606	White Plains KY	Eff. 3/16/07
* Pruitt, Jennifer F.	RN #1101475	Lawrenceburg KY	Eff. 3/30/07
* Tatum, Kimberly A. Kassinger	LPN #2038130	Drakesboro KY	Eff. 2/01/07
* York, Kimberly A. Dean	RN #1080099	Woollum KY	Eff. 4/11/07
	LPN #2020126		

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Baker, Sherri Louise	RN #1104281	London KY	Eff. 1/17/07
Bell, Teresa Brown	LPN #2032408	Mayfield KY	Eff. 2/09/07
Howes, Marna L. Davis	RN #1068536	Winchester KY	Eff. 2/14/07
Lapierre, Patricia	RN #1039529	Whitesburg GA	Eff. 3/08/07
* Smith, Debra Sturgeon	LPN #2027892	Louisville KY	Eff. 4/03/07

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Bowles, Anne Marie Melton	RN #1073560	Louisville KY	Eff. 1/24/07
Dunn, Lola Annette	RN #1081573	Richmond KY	Eff. 2/16/07
Norris, Amy Lynn Whitaker	LPN #2036057	Lancaster KY	Eff. 2/16/07
Williams, Laura S.	RN #1101854	Evansville IN	Eff. 2/16/07

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Avery, Rhonda Michelle Gumm	LPN #2030652	Canmer KY	Eff. 4/11/07
Bates, Garla Kathleen Snapp	LPN #2033177	Sharpsburg KY	Eff. 3/14/07
Deboard, Rhonda Lee Spellman	RN #1083488	Ashland KY	Eff. 4/11/07
Duke, Dana Rochelle	RN #1076226	Cloverport KY	Eff. 4/11/07
Glover, Debra Gay Stotts	RN #1042059	Russell Springs KY	Eff. 2/14/07
	ARNP #1594-P		
Haigis, Jennifer S. Foster	ARNP #2391-P	Loveland OH	Eff. 4/11/07
Wesley, Debbie L. Neal	RN #1047048	Liberty KY	Eff. 3/14/07
	ARNP #3846-P		
Wright Eva Diane Stephens	RN #1065913	Somerset KY	Eff. 2/14/07

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Ballard, Tracy D. Sample	DT #8000448	Louisville KY	Eff. 2/16/07
Booker, Tachelle L.	LPN #2037995	Louisville KY	Eff. 2/16/07
McCown, Patricia G. Stanley	LPN #2020136	Melvin KY	Eff. 2/16/07
Parsley, Carole A.	RN #1104520	Owensboro KY	Eff. 2/16/07
Sinclair, Victoria Louise Walker	RN #1037882	Crescent Hills KY	Eff. 2/16/07

LICENSE SUSPENDED AND STAYED LIMITED/PROBATED

Cummins, Kandy Michelle	RN #1105215	Perryville KY	Eff. 1/24/07
	LPN #2034543		
Murphy, Heather Leigh	RN #1096017	New Albany IN	Eff. 2/14/07

LICENSE LIMITED/PROBATED

Offutt, Cynthia D. Whitsett	RN #1057815	Russellville KY	Eff. 1/10/07
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LICENSE TO BE REINSTATED LIMITED/PROBATED

Banta, Kenneth M.	LPN #2022428	Lexington KY	Eff. 2/16/07
Bookout, Cynthia A. Bell	RN #1058371	Paducah KY	Eff. 2/16/07
Murphy, Patricia M. Moellman	RN #1049341	Cold Spring KY	Eff. 3/14/07
Nichols, Tina Faye Hoskins	RN #1097180	London KY	Eff. 4/11/07
Puckett, Deborah Sue Cantrell	RN #1060575	Louisville KY	Eff. 2/16/07
Smith, Stephanie R. Morris Mullins	RN #1084727	Bonnyman KY	Eff. 2/16/07

REPRIMAND

Dingle, Jeffrey	LPN #2034106	Louisville KY	Eff. 3/29/07
Dove, Joan Trimble	RN #1033922	Pikeville KY	Eff. 4/11/07
Garrison, Paula J. Bedaine	RN #1073939	Lexington KY	Eff. 4/11/07
Gross, Louise Combs	RN #1074000	Jackson KY	Eff. 4/11/07
Krahenbuhl, Gina B. Jones	RN Applicant/Exam	London KY	Eff. 3/27/07
Mucha, Lee An Lowe	RN #1058945	Russellville KY	Eff. 3/27/07
Pettit, Linda Marie	LPN #2033994	LaGrange KY	Eff. 3/14/07
Peyton, Stacy Lyn Schaefer	LPN #2029862	Louisville KY	Eff. 2/14/07
Stearns, Anne Marie	RN #1106157	New Haven KY	Eff. 4/11/07
	LPN #2037162		
White, Shirley Ann Robinson	RN #1075934	Campton KY	Eff. 4/11/07

LICENSE CLEARED

Gardner, Samuel Haywood	RN #1081817	Seymour TN	Eff. 2/16/07
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CONSUMER PROTECTION CORNER

Nurse Licensure Compact – The Investigation and Disciplinary Process

by **Sandy Johanson**, Manager, Consumer Protection Branch
Paula Pabon, KBN Prosecuting Attorney

Kentucky will implement the Nurse Licensure Compact (NLC or “Compact”) on June 1, 2007. There have been many questions raised as to how the Kentucky Board of Nursing (KBN) Investigation and Discipline section of the Consumer Protection Branch will handle complaints that are sent to the KBN office and how investigations will be conducted.

KBN does not anticipate our investigative and disciplinary processes will change. Kentucky is a mandatory reporting state and KRS 314.031 speaks to the obligation to report suspected violations of the Kentucky Nursing Laws. Any nurse working in Kentucky that is suspected of violating the Kentucky Nursing Laws must by law be reported to KBN. Upon receipt of the information in the KBN office, staff will determine if there is probable cause to initiate an investigation.

Once the NLC becomes effective, the investigative processes will remain much the same. When a complaint is filed against a nurse, KBN staff review the complaint and begin its initial investigation. If that nurse has a Kentucky license, the license may be disciplined. If the nurse is working in Kentucky on a “privilege to practice” (which means they hold an active RN or LPN license in the compact state of their primary residence), KBN will contact the nurse’s home state (compact state of licensure) and notify them of the complaint. KBN has the authority to enter a complaint against the nurse’s privilege to practice in Kentucky and will proceed with an investigation in conjunction with the nurse’s home state (state of licensure). Either the state where the nurse is licensed (home state) or the state where the incident occurred (remote state) could take the lead in the investigation. KBN anticipates working with the licensing or “home” state and will share its investigative information. The nurse’s “privilege to practice” in Kentucky may be disciplined the same as if the nurse held licensure in Kentucky. All disciplinary actions will continue to be public record and will be reported on the KBN website, KBN Connection, and reported to the National Council of State Boards of Nursing (NCSBN) disciplinary databank system called “Nursys.”

There will be more information provided in upcoming issues of the KBN Connection, at the KBN Nurse Leadership Programs, and at the KBN Conference to be held June 1, 2007 in Louisville. We look forward to working with each of you to make this a smooth transition and to fulfill our mission of protection of the public.

Some Important Facts

- If there is enough evidence received to indicate an immediate threat to the public, an Order of Immediate Temporary Suspension pursuant to KRS 314.089 may be entered on the nurse’s license or privilege to practice in Kentucky.
- Factual findings in disciplinary cases will be shared among compact states.
- The NLC allows compact states to issue subpoenas for a party state to assist in its investigations as allowed by state law.
- A licensee who is under a disciplinary order or agreement that limits practice, requires monitoring, or has an agreement with an alternative program may not work in a remote state without prior written approval of both states.
- KBN will provide investigative and disciplinary information to Nursys which is the National Council of State Boards of Nursing comprehensive national database of nurse licensure information. For a fee, the public may access Nursys at www.nursys.com.
- Disciplinary action on a license or privilege to practice may also be accessed on the KBN online licensure validation system at www.kbn.ky.gov.

A Note for Nurse Executives and Educators – Removing the Myths Associated with the Integrated Practicum: A Capstone Clinical Experience for Kentucky Prelicensure Nursing Students

by **Patricia Spurr, MSN, EdD, Nursing Education Consultant**

There have been a number of myths that have developed across the state with respect to the Integrated Practicum and its requirements.

Myth #1: The Integrated Practicum is a preceptored experience.

The regulation does not dictate what methodology is to be used for the implementation of the practicum. A number of programs of nursing have elected to use a preceptor model but this is not dictated by the regulation. Programs of nursing have the flexibility to utilize a variety of methods for the implementation of this clinical experience with preceptors being just one of the available options.

Myth #2: The Integrated Practicum must occur in a medical-surgical setting.

The regulation details the number of hours required and the time period for completion of the practicum but not the setting in which it occurs. Since the practicum must occur in the last semester or quarter of the prelicensure program, the clinical setting will vary dependent upon the curriculum of the program of nursing. Successful completion of the Integrated Practicum is based on the outcomes established by the prelicensure program to which the student is enrolled.

Myth #3: The Integrated Practicum must occur within the last seven weeks prior to graduation.

The regulation states that the time frame for the practicum is seven weeks within the last semester or quarter prior to graduation. For those programs of nursing on 15-week semesters, this would allow the graduating students to be divided into two groups of students. This would allow one group to complete the practicum in the first half of the semester and the second group in the later half. In 201 KAR 20:320, it states that the Integrated Practicum shall be completed within a period not to exceed seven consecutive weeks. A question was raised related to the interpretation of “consecutive” with respect to scheduled school breaks, e.g., spring break. KBN recognizes that school designated holidays would be acceptable interruptions in the seven week time frame. The “seven week timeframe” was clarified as “seven consecutive weeks that the program is in session.” This interruption does not negate the need for 120 hours within a seven-week time period but allows the program the ability to permit student “time off” for a designated school holiday.

Myth #4: When a student is working with a licensed nurse, they are working on the nurses’ license.

Within the Kentucky Nursing Laws, there is a provision for “excepted activities and practices” (KRS 314.101) that does not prohibit the practice of nursing that is incidental to the program of study by individuals enrolled in nursing programs and refresher courses approved by KBN or in graduate programs in nursing. The only person that works on one’s license is that individual. To expand on this, the nurse that is supervising the student must do so in a prudent and responsible manner. The nurse should not allow the student or any other unlicensed personnel to complete activities to which they are not trained, and should use nursing judgment in assigning and observing care.

A capstone experience by definition is “an opportunity for students to demonstrate that they have achieved the goals for learning established by their educational institution and major.” This capstone clinical experience should be designed in such a manner that the student is able to demonstrate cognitive, affective, and psychomotor learning sufficient for completion of program outcomes. The clinical setting in which the student completes the integrated practicum depends upon the program of nursing.

The **components** of the Integrated Practicum include:

- 120 hours of concentrated clinical experience of direct patient care.
- Completed within a period not to exceed 7 consecutive weeks that the program is in session, within the last semester or quarter prior to graduation.

The **rationales** for the implementation of the Integrated Practicum were to:

- Improve preparation of nursing graduates for transition to practice.
- Support nursing practice responsibilities related to the increase in complexity of required patient care skills.

- Provide time and opportunity for new graduates in nursing practice to meet the expectations during the transition from academia to the service industry.
- Increase the supply of educationally prepared and clinically competent nurses.

Kentucky state regulations charge programs of nursing with the responsibility and accountability to develop a curriculum plan that enables students to acquire the nursing skills essential for safe practice upon graduation. Though each nursing school lays out its program with slight differences, each must include theory and selected clinical practice experiences to enable the graduate to provide nursing care to individuals across the life cycle. To enhance the clinical experiences already present within nursing programs, KBN adopted a requirement titled “Integrated Practicum.” The practicum consists of 120 clock hours of concentrated direct patient care in a health care facility to be completed within a 7-week period during the final semester or quarter of the program of nursing. Prelicensure programs of nursing are required to provide this capstone clinical experience under the supervision of a program faculty member for any student admitted to their program as of July 1, 2004.

Recognizing that nursing competency and patient safety go hand in hand, KBN took steps to address the issue of clinical opportunities required of nursing students, both pre- and post-graduation. Through the implementation of administrative regulations, KBN attempts to safeguard the health and welfare of the citizens of the Commonwealth through the licensing of competent nursing professionals. The Integrated Practicum was placed into regulation as a measure to provide soon-to-be graduates with an intense exposure to the clinical setting just prior to program completion in an attempt to begin the bridge to practice. The second piece of the transition occurs after graduation. In the next issue of the *KBN Connection*, we will explore the “post” graduation clinical requirement of Kentucky law known as the “Clinical Internship.”

If you have specific questions related to the Integrated Practicum, you can email Patricia.Spurr@ky.gov.

The Kentucky Board of Nursing: A Clinical Practicum Experience

By Jo Singleton, MSN,RN

Deciding on an area in which to complete a clinical practicum experience has probably weighed heavily on the mind of every graduate nurse at one point in his/her academic career. In addition, there are very few clinical sites that offer clinical practicum experiences for nurses in staff development who are pursuing graduate degrees in education. Consider the Kentucky Board of Nursing (KBN), an agency open to the public that offers an environment rich in learning experiences that can fulfill the objectives of any clinical practicum.

Seeking an advanced learning experience, I contacted the Executive Director of KBN, Dr. Charlotte Beason, via email requesting consideration to complete a clinical practicum with the Board. My purpose for this clinical experience was to gain insight into the organizational structure and function of KBN related to regulation, investigation and discipline, practice, education, and litigation. Dr. Beason responded immediately with instructions to forward my resumé and class syllabus and to set up a meeting with her to discuss goals and objectives. She, in turn, would discuss my request with Dr. Susan Davis, Dean of the Lansing School of Nursing and Allied Health Sciences at Bellarmine University and president of KBN.

In less than a week, I met with Dr. Beason and two members of her staff selected as designated preceptors, Dr. Patricia Spurr and Bernadette Sutherland. After an in-depth discussion about my goals and objectives for this experience, Dr. Spurr and Ms. Sutherland outlined the education plan they had designed specifically to provide advanced learning opportunities. The plan included, but was not limited to, Board and committee meetings, continuing education offerings, and other activities such as license, regulation, education administrator’s orientation, and colleges and schools of nursing site visits totaling over 100 clinical hours. My request for a clinical practicum experience was accepted. The only requirements for admission to KBN were a signed confidentiality statement and a valid Kentucky registered nurse license. It was determined that Dr. Beason would act as primary preceptor, guide, and mentor for this clinical experience. It was very clear that her goal was to make KBN more open to the public and to provide quality clinical experiences for students.

Through scheduled clinical experience/observation with the managers of the branches (Consumer Protection, Credentials, and Professional Support), as well as section managers, I was able to enhance my knowledge related to KBN regulatory practices. While the Consumer Protection Branch often deals with the soft underbelly of nursing – disciplinary action – it also offers the KARE program for nurses compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. KBN is looking at alternatives to the discipline process that would give nurses (with disciplinary not involving controlled substances) other means of resolution of an allegation against them. They are even taking on the task of initiating a Task Force to explore potential facility process issues that may have been identified by KBN.

The Credentials Branch took on the new initiative of mandatory online license renewal. It was exciting each day evaluating the number of renewals needed for all nurses in Kentucky by the deadline date. During the last few weeks of the renewal period, there were still a large number of nurses who did not renew or waited until the last week to renew, causing

the process to slow down considerably. Each person was asked to contact as many individuals and facilities as possible to get the word out. It was a success, and perhaps the next step will be not to issue a license card. It would be one less thing for nurses to keep up with or risk being stolen. Many institutions have primary license verification due to a Joint Commission requirement, so a license card is not necessary as proof of licensure.

A lot of my time was spent in the Professional Support Branch. Board appointed committees such as Education, Practice, ARNP Advisory Council, KBN Connection Editorial Panel, and NISF Grant Review fall under this branch, as well as continuing education/competency and programs of nursing resources. It was interesting visiting the programs of nursing with Dr. Spurr as she made site visits and provided NCLEX review sessions. The program of nursing seeking program approval was well aware of the standards and information needed for the site visit. The required material was complete, accurate, and presented in a well organized manner. Dr. Spurr conducted interviews with students and faculty. Every voice was heard in gathering data needed by the Board to approve the program. Other programs of nursing were visited to provide students with NCLEX information. To mention NCLEX still seems to strike fear in the hearts of nursing students. Watching them sit petrified in their seats during Dr. Spurr's presentations, I could only hope the information brought them a small measure of relief.

Nursing Practice is a large section under the Professional Support Branch. I attended numerous committee and Board meetings. The meetings and continuing education offerings surrounding the new regulation "ARNP Prescriptive Authority" was by far the most interesting. Each meeting and education session was bolstered by intensive research conducted by Ms. Sutherland to validate the practice of ARNPs and their ability to be competent, responsible practitioners. The ARNP Board member representing the practice of ARNPs in this new regulation was a courageous nurse with exceptional knowledge and skill who presented evidence-based patient focused information. While the final decision may not have been that desired by ARNPs, it was interesting to note that other disciplines aspire to regulate nursing.

KBN protects public health and welfare by development and enforcement of state laws governing the safe practice of nursing. This mission is clearly reflected in the values, vision, and goals of the Board and in the actions and decision-making processes of each Board and staff member. The Board and staff members are highly knowledgeable, caring, and bring a wide array of experience that enhances their ability to carry out the goals of the agency. After completing over 100 clinical hours at KBN, I felt as if I were a staff member, respected and valued. I could never recount all of my experiences in this small article nor ever repay the KBN staff for their kindness and concern in providing me with this life experience that will live within my soul forever.

University Hospital

Continuing Nursing Education Opportunity

Nursing for Excellence: Shared Governance for Professional Practice

The University Hospital Nursing Education Department welcomes **Tim Porter-O'Grady, EdD, ScD(h), APRN, FAAN** on June 14th, 2007. Dr Porter-O'Grady will discuss the transformation of the roles of clinical providers and managers within an effective shared governance system – reflecting the principles and protocols related to effective and sustainable shared decision-making models.

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University of Louisville Hospital
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Louisville, KY 40202

Feel free to e-mail any questions to: christkn@ulh.org

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HIGHLIGHTS OF BOARD ACTIONS

Executive Director Report

Directed KBN staff to convene an Ad Hoc Advisory Group on KBN/healthcare facility collaboration to discuss issues of mutual concern regarding violations of the *Kentucky Nursing Laws*.

Education Committee

Directed that the approval status of Galen College of Nursing, Associate Degree Nursing Program, Louisville, be changed from initial to full. Accepted the December 7 and 8, 2006 Survey Visit Report for adherence to regulations pursuant to the first graduating class; accepted the requirements to be met as stated in the report; and accepted the modifications to the current curriculum. Directed that the program submit a response by March 16, 2007 to include a timeline for the correction of each "requirement to be met" identified in the report. Agreed that all requirements must be met by August 16, 2007 with a final report as to the final resolution of each identified requirement.

Accepted the application to establish an extension of Morehead State University, Associate Degree Nursing Program, Mt. Sterling. Directed that the educational requirements as outlined in 201 KAR 20:310(1)(3)(b) be waived for Susan Sommerfeldt for one academic year with the understanding that she will submit an academic plan to the KBN Education Consultant no later than March 16, 2007 for how the academic qualifications will be met.

Directed that Spencerian College submit a response by March 16, 2007 to the recommendations outlined within the *Report for Consultative Visits: 2006 Spencerian College: PN Program*. Directed that the quarterly visits to the program be suspended pending response to the report.

Directed that the KBN Executive Director, Education Consultant, and General Counsel initiate a meeting with officials of Jefferson Community and Technical College PN Program and Shelby County Campus representatives to discuss requirements of 201 KAR 20:260, Organization Administration Standards for Prelicensure Programs of Nursing (meeting should take place by March 16, 2007).

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 4, the following programs of nursing with a pass rate of less than 85 percent for one year be issued a letter of concern. The nurse administrator for each program will be requested to submit an analysis of the cause(s) of the high failure rate on the licensure examination and plans to correct the deficiencies in the future.

Baccalaureate Nursing Programs:

Morehead State University, Morehead
Northern Kentucky University, Highland Heights

Associate Degree Nursing Programs:

Ashland Community & Technical College, Ashland
Gateway Community & Technical College, Edgewood
Hazard Community & Technical College, Hazard
Kentucky State University, Frankfort
Southeast KY Community & Tech College, Cumberland
West KY Community & Technical College, Paducah

Practical Nursing Programs:

Ashland Community & Technical College, Ashland
Big Sandy Community & Technical College, Paintsville
Bluegrass Community & Technical College, Danville
Hazard Community & Technical College, Hazard
Laurel Technical College, London

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 5, Western Kentucky University's Associate Degree program, with a pass rate of less than 85 percent for two (2) consecutive years, shall be issued a letter of warning. The nurse administrator shall appear before the Board and give a report of the implementation of the plans submitted to KBN the previous year and to present any further analysis and plans to correct the deficiencies as defined. The program will be surveyed by a KBN representative.

Directed that the Practical Nursing Programs at Gateway Community and Technical College and Spencerian College be moved from conditional to full approval status as a result of two years of NCLEX pass rates of 85 percent or better and compliance with KBN education regulations.

Directed that the Associate Degree Nursing Program at Gateway Community and Technical College be retained on initial approval status until after results from the visit required after their first graduates have completed the program.

Directed that the Associate Degree Nursing Program at Spencerian College be retained on conditional approval status.

Directed that, beginning in 2007, NCLEX pass rates will be calculated based on the number of first time candidates that test between January 1 and December 31 with a graduation date of not greater than one year from the time of testing. Re-evaluation of calculation methodology will be completed at the end of 2007.

Practice Committee

Approved the creation of a workgroup of two Practice Committee members and one Education Committee member to review the document entitled, *Medication Training for Non-Licensed Personnel*. Directed that the workgroup report back to the Practice Committee as to whether the document should be approved by KBN under the requirements listed in 902 KAR 20:320, Psychiatric Residential Treatment Facility Operation and Services [Section 12 (5)(a)2].

Approved the letter of response to an opinion request on the scope of nursing practice in acute care hospital settings.

Alternative to Discipline for Practice Ad Hoc Group

Approved the development of a board philosophy on discipline.

Approved the development of a definition of a minor incident.

Approved the outline of what activities KBN presently undertakes that are consistent with the *Just Culture* philosophy.

Disciplinary Actions

Approved 13 Proposed Decisions as written.



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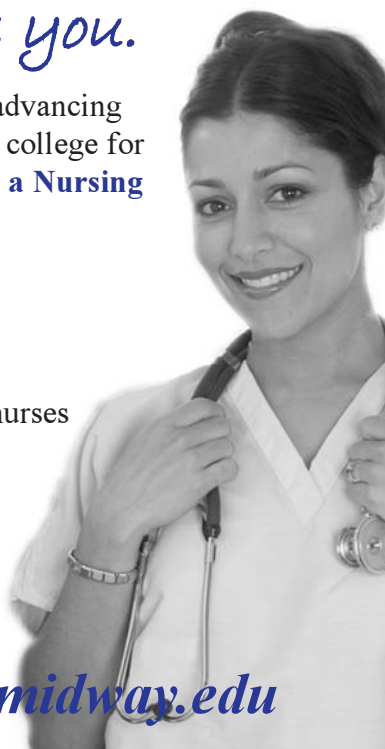
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King's Daughters Medical Center, located in Ashland, Kentucky, is the premier healthcare provider in the Tri-State area. KDMC has 385 beds, more than 3,500 employees, \$388 million in revenue, and has become the market leader in patient care for the region. KDMC is a growing and extremely successful not-for-profit, independent medical center.

KDMC has been named one of America's 100 Top Hospitals for three years in a row. We offer very competitive salaries plus an outstanding flex benefits package—including an on-site Child Development Center serving newborns, infants and children through preschool age.

For immediate consideration or to review available positions, please visit our web site at www.kdmc.com, to submit an application.

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